

OSCAR REPORT 3
HISTORY FACILITY PROFILE

HERITAGE CARE CENTER PROVIDER #: 465097 FACILITY BEDS TYPE ACTION: RECERTIFICATION
350 EAST 300 NORTH PHONE NUMBER: (801) 756-5293 TOTAL: 106
AMERICAN FORK UT 84003 PARTICIPATION DATE: 08/21/1984 CERTIFIED: 106 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 12/23/2002	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 106			
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TOTAL: 72	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR
MEDICARE: 9	SUSPENSION RESCINDED:	--	----	--	-----
MEDICAID: 41				106	
OTHER: 22					

CURRENT SURVEY REVISIT DATES - 02/03/2003

PRIOR 3 SURVEY 04/2000	S/S CODE	PRIOR 2 SURVEY 05/2001	S/S CODE	PRIOR 1 SURVEY 02/2002	S/S CODE	CURRENT SURVEY 12/23/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
X	E	X	E						REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
		X	E			X C	D	01/31/2003	REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
						X C	D	01/31/2003	REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
X	D	X	E						REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
				X	E				REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
X	E	X	E						REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG
									REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS

EDITION OF LSC APPLIED

PRIOR 3 SURVEY 04/2000	PRIOR 2 SURVEY 04/2001	PRIOR 1 SURVEY 02/2002	CURRENT SURVEY 12/18/2002	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
		X			K0015-INTERIOR FINISH - ROOMS
			X C	01/31/2003	K0018-CORRIDOR DOORS
			X C	01/31/2003	K0038-EXIT ACCESS
			X C	01/31/2003	K0050-FIRE DRILLS
X	X	X	X N		K0056-AUTOMATIC SPRINKLER SYSTEM
X					K0070-SPACE HEATERS
			X C	01/31/2003	K0074-COMBUSTIBLE CURTAINS
X	X	X			K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

EDITION OF LSC APPLIED

PRIOR 3 SURVEY 04/2000	PRIOR 2 SURVEY 04/2001	PRIOR 1 SURVEY 02/2002	CURRENT SURVEY 12/18/2002	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 02
		X			K0011-COMMON WALL
			X C	01/31/2003	K0018-CORRIDOR DOORS
			X C	01/31/2003	K0050-FIRE DRILLS
	X		X C	01/31/2003	K0056-AUTOMATIC SPRINKLER SYSTEM
X					K0070-SPACE HEATERS
X					K0074-COMBUSTIBLE CURTAINS
			X C	01/31/2003	

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	2	1	4	3
HEALTH TOTAL	2	1	4	3
LIFE SAFETY CODE	9	4	3	5
LIFE SAFETY CODE + HEALTH	11	5	7	8

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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08/29/2001	UNSUBSTANTIATED
04/04/2002	UNSUBSTANTIATED
03/12/2003	UNSUBSTANTIATED
04/08/2003	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY